TRACE Paperwo				116	Datast and	Approved for use th	rough 06/30/20	PTO/SB/17 (1	
Under the Paperwo	rk Reduction Act of	1995, no person a	are requi	red to respond to a co	llection of in		isplays a valid	OMB control nu	
	tive on 12/08/2004.					mplete if Know			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber	10/716,616-Conf. #6357			
FEE TRANSMITTAL			Filing Date		November 20, 2003				
For FY 2008					Henricus A MARQUERING				
				Examiner Name C. G. Daley					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2624	2624		
TOTAL AMOUNT OF PAYMENT		(\$) 270.00		Attorney Docket	Attomey Docket No.		0142-0436P		
METHOD OF PAYME	NT (check all the	nat apply)							
Check Credit	Card M	Ioney Order	No	ne Other (please ident	tify):			
X Deposit Account De	posit Account Numb	er:02-2	2448	Deposit /	Account Nan	ne: Birch, Stewart	t, Kolasch & I	Birch, LLP	
For the above-ide	ntified deposit a	account, the Dia	rector is	s hereby authorize	ed to: (che	eck all that apply)			
x Charge fee(s) indicated bel	ow		Charge	e fee(s) ir	ndicated below, e	xcept for th	e filing fee	
	additional fee(s		nents o	f x Credit	any over	payments			
FEE CALCULATION	37 0110 1.10 8	110 1.17				.	,		
I. BASIC FILING, SEAR	CH. AND EXAM	INATION FEE	S		*		··-		
,	FILING	G FEES Small Entity		ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility	310	155	510	255	210	105			
Design	210	105	100	· 50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310	·		
Provisional	210	105	0	0	0	0			
. EXCESS CLAIM FEES								Small Entity	
ee Description Each claim over 20 (inclu	iding Reissues)						Fee (\$)	Fee (\$) 25	
Each independent claim of							210	105	
Aultiple dependent claim		3					370	185	
				Paid (\$)	N	fultiple Depende			
24 21 - =		0.00 =		0.00			Fee Paid (\$)		
HP = highest number of total of	laims paid for, if gr	eater than 20.							
Indep. Claims Extr	a Claims F	ee (\$)	Fee F	Paid (\$)				_	
3 -3=	×	=							
HP = highest number of indep	endent claims paid	for, if greater than	3.					İ	
APPLICATION SIZE F			_						
If the specification and of listings under 37 CFF	Irawings exceed	d 100 sheets of	paper	(excluding electro	onically f	iled sequence or	computer		
sheets or fraction the					or small e	entity) for each a	aditional 50		
	Extra Sheets		•	dditional 50 or frac	tion there	of Fee (\$)	Fee P	aid (\$)	
				(round up to a who			<u> </u>	~·~ (₩)	
OTHER FEE(S)	· · · · · · · · · · · · · · · · · · ·			(round up to a mile				Paid (\$)	
Other (e.g., late filing	surcharge): 12	51 Extension	for res	sponse within fir	st month	1	120	0.00	
SUBMITTED BY									
ignature Q1	711	[]	D	Registration No.	40,953	Telephone	(703) 205-8000		
Name (Print/Tyne) Esther I	H Chong		1	(Attorney/Agent)	,		Eobruani 1		